"Let's get moving: Let's get praising:" Promoting health and hope in an African American church

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Abstract:

Stroke and cardiovascular disease are major health problems for African Americans. This article describes challenges, strategies employed, and successes in implementing a combination "faith-based" and "faith-placed" health promotion program called the BLESS Project in a small rural church in North Carolina. The project was implemented by a congregational nurse who teaches nursing at a nearby HBCU and students with a grant from a local agency and partnerships with local health-care agencies. Despite numerous challenges in implementing the project, it was successful in increasing awareness of stroke and heart disease and the need for improving diet and increasing physical activity. Research is needed to test the efficacy of combining faith-based and faith-placed activities in preventing cardiovascular disease in African Americans.

Key Words: Faith-based, Health Promotion, African American, Hope, Cardiovascular Disease

Article:

African Americans disproportionately suffer disability and death from stroke; their risk of first ever stroke is almost twice that of whites. This article describes challenges and successes in implementing a combination "faith based" and "faith placed" health promotion program for African Americans at risk for stroke in a rural church in North Carolina. The American Heart Association (AHA, 2008) reports that the stroke incidence rates for those age 45 to 84 years are 6.6 per 1,000 and 4.9 per 1,000, for African- American males and females, respectively; while, the rates are 3.6 per 1,000 and 2.3 per 1,000. for Caucasian males and females. The prevalence of high blood pressure in African Americans is among the highest in the world: 42.6% of African-American men and 46.6% of African-American women ages 20 years and older have high blood pressure. Among African-American adults age 20 and older. 79.6% of women and 67.0% of men are either overweight or obese (BMI of 25.0 kg/m2 and higher). Also, 10.7% of African-American men and 13.2% of African-American women have diabetes, compared to 7.3% of Caucasian men and 6.8% of Caucasian women. Hypertension, obesity, and diabetes are all related to poor nutrition and lack of physical activity; yet only 25.3% of African Americans age 18 and older report regular physical activity.

North Carolina is a part of the Stroke Belt, a region encompassing the southeastern portion of the US with the highest incidence and mortality from stroke in the country (Howard et al, 2006). In 2006, cerebrovascular disease (which includes stroke) was the third leading cause of death in North Carolina, accounting for 4,698 deaths (Guilford County, 2007). In Guilford County, NC, in 2006 the death rate for cerebrovascular disease among African Americans was 43.5 per 100,000 (Guilford County, 2007).

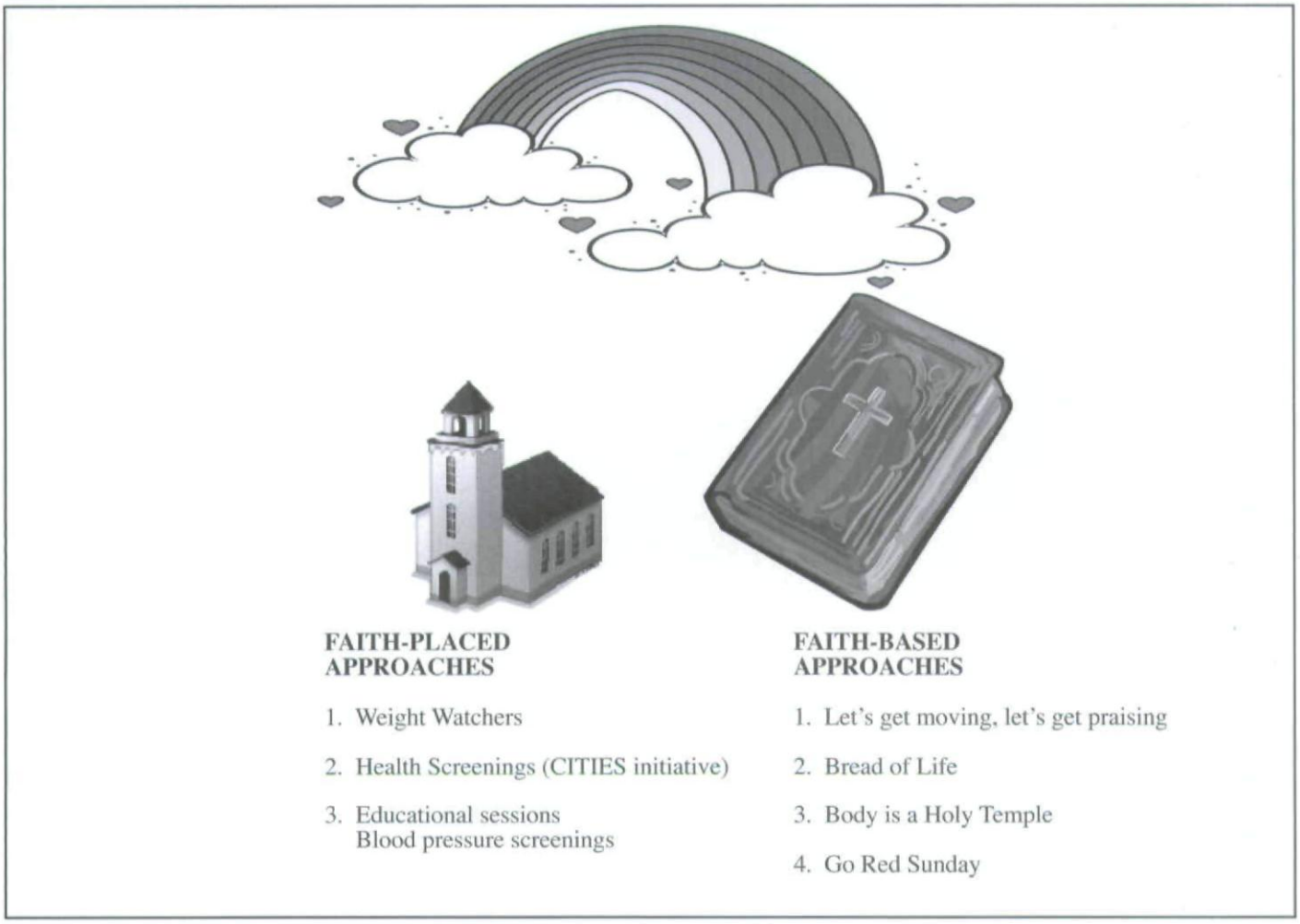
Health promotion programs have long been a part of some churches' social activities. For example, churches are often sites for "Weight Watchers" meetings. However, "Weight Watchers" meetings are "faith-placed," not "faith based". Faith-placed health promotion activities may be held at a place of worship, but they do not include faith practices such as prayer or hymn singing during the health promotion activities. Our project included both "faith-based" and "faith-placed" activities designed to promote health and hope, as illustrated in Figure 1.

The BLESS Project

Our BLESS Project was implemented by the first author, a congregational nurse, at her Independent Missionary Baptist Church in northeastern North Carolina. The church sits in the countryside and is surrounded by a large rural community. Founded in 1868, it is one of the oldest African-American churches in the area. The membership is approximately 325, and attendance is approximately 125 each Sunday. The average age of the congregation is 50 years; 60% of the members are high school graduates and 7% have college degrees. There have been only nine pastors since the founding of the church.

In order for the BLESS Project to be successful, the full

Figure 1. BLESS Project: Promoting Hope and Health in an African American Church



support from the pastor. leaders, and members of the church was needed and acquired by the first author of this article. The pastor introduced the project to the congregation during morning worship service. and flyers containing information about the project were also given to the congregation. After this introduction, the level of interest of the congregants in the proposed activities was evaluated. Working closely with the health ministry team and lay health advisors, the activities for the project were planned. A graduate student from the Department of Public Health Education at the University of North Carolina at Greensboro helped her to secure a grant from the North Carolina Community Initiative to Eliminate Stroke (CITIES) program, which is administrated by Novant Health. one of two agencies in the U.S. awarded CITIES funding to reduce stroke.

The goal of the BLESS Project was to train individuals in the church to sustain health-related programs that would decrease risk factors for stroke in the African American community. Specific objectives were to (I) increase knowledge about stroke and its risk factors; (2) encourage healthy eating habits; (3) promote physical activity; and (4) encourage the use of preventive services. Ideas for the BLESS Project came from published work on implementing health promotion programs in African-American Churches (Bopp et al, 2007; Drayton-

Brooks & White, 2004; Duquin. McCrea, Fetterman. & Nash, 2(04; White. Drechel. & Johnson, 2006; Yanek, Becker, Moy. Gittelsohn, & Koffman, 2001).

The BLESS Project was a comprehensive health promotion program made up of faith-placed interventions, which were held at the church, but are not based on scripture; and faith-based interventions, which were based on scripture and included prayer, scripture reading and hymn singing. The faith-placed interventions included educational sessions, health screenings, and weight watchers program. The faith-based interventions included the Bread of Life, the Body is a Holy Temple, Let's get moving, Let's get praising, and Go Red Sunday. Each of these interventions is briefly described below.

Faith Placed Interventions Educational Sessions about Stroke Prevention and Risk Factor Reduction

During the first year of the program, flyers containing information about stroke and risk factors were disseminated to the congregants before Sunday morning services. Additionally, information on stroke and its risk factors was provided through brochures, information sheets, presentations, and bulletin inserts. At the end of the year, 50% of the congregation knew the basic definition of stroke, and could name at least 4 risk factors of stroke; and. 55% of the congregation knew the warning signs and symptoms of stroke. Three faculty-supervised nursing students performed blood pressure checks, and taught educational sessions as part of their community clinical practicum in adult health nursing.

Health Screenings through the CITIES Initiative

The US Department of Health and Human Services began the Community Initiatives to Eliminate Stroke Program (CITIES) to reduce stroke deaths among African Americans. A grant from the CITIES initiative provided for quarterly health screenings, including cholesterol, blood pressure, and diabetes. Health screenings were conducted at the church every 6 months for 2 years. In order to capture a large number of people, the screening van came one weekday morning and one weekday evening.

Approximately 35 people were screened at each of the health screenings. It is likely that more congregants would have participated had screenings been available on the weekend, especially Sunday afternoon, between the morning and evening services. However, health care workers did not conduct screening on weekends. Nevertheless, by the end of the first year 60% of the congregants had had their blood pressure checked at least three times. 60% had had their cholesterol checked at least three times and 60% had had their blood glucose checked at least three times.

Weight Watchers Weight Loss Program

The African American congregants who had attended three educational sessions at the church were also given an opportunity to participate in the "Weight Watchers" weight loss program. For the first 10 weeks, the program was offered free of charge once a week at the church, with approximately 30 congregants attending each week. At the conclusion of the project, while there continues to be a Weight Watchers program at the church, only a handful of people attend the classes, which currently consists primarily of the white residents who live nearby. The authors believe it is the nominal weekly charge that prevents church members from attending.

FAITH-BASED INTERVENTIONS

Faith-based Exercise

Congregants were also encouraged to participate in exercise classes. Students who had majored in Sports Management at North Carolina A&T University, a nearby Historically Black College and University (HBCU), came and taught "Let's Get Moving, Let's Get Praising" exercise classes once a week. There were four types of classes: kickboxing, aerobics, jump roping, and use of an exercise ball. The classes were conducted to recorded Gospel music by various artists. Each exercise class ended with a prayer, led by the students. Classes are continuing after 2 years, and attendance varies from as few as 6 to as many as 20.

Healthy Eating Education — Bread of Life and the Body is a Holy Temple

Members of the congregation who were interested in becoming lay health advisors were identified, and invited to participate in lay health advisor workshops. Six 1-hour classes were conducted at the church by a nutritionist from a local University. Lay health advisors participated in the classes, and after completing the program, they had the knowledge and skills to lead workshops on nutrition topics at the church, called the "Bread of Life" program.

Following these workshops, the church held a "The Body is a Holy Temple" Healthy Eating Cook-off, in which congregants prepared healthy dishes, applying the skills and knowledge learned from the nutrition workshops. A panel judged the dishes, 1st, 2nd, and 3rd place winners were chosen. and prizes were awarded to the winners.

Go Red Health Promotion Sunday

The American Heart Association has established "Go Red for Women" to increase awareness of heart disease in women. We conducted a "Go Red" Sunday as one of our faith based health promotion activities, combining celebration with education. Incentives and prizes were awarded to those who had participated in the BLESS Project. A minister from another church preached "The Word" about health promotion, and after the service, we served a heart-healthy lunch.

KEEPING A PROGRAM GOING AND NEEDS FOR FUTURE RESEARCH

Even though there was participation from the church members, the interventions were fully successful for only a few. The leaders of the church were among those who benefitted most from the program. and they have provided a small budget to continue the exercise, Weight Watchers class and stroke awareness education sessions. Given these outcomes a host of activities, including a service. "The Body is a Holy Temple," are planned to continue to promote health.

The minister also continues to support the programs, but his primary role and the Deacons' primary role in the church is to preach the gospel. Also, scheduling of health promotion activities around other church activities is difficult. Recently, the congregants wanted to go on a cruise together, but the only available date came at the time of the yearly week long church revival, and the revival was seen as the priority. Such factors are often underestimated by those who are not members of the church. Yanker and associates (2001) implemented "Project Joy", a faith-based cardiovascular health promotion program for African-American women. Their study found that in the churches where the pastor's wife supported the exercise program, attendance was high, while in those where the pastor's wife was not supportive, attendance was low. They categorized these findings as "church ownership" of the program. Consistent with the findings of Yanker and associates. the authors of this article believe it is essential that those who support and implement the program "Walk the talk" since this shows that they are living the tenets of their faith (Holt & McClure, 2006). Regularly scheduling celebrations of health and faith are essential to keep programs ongoing.

Health promotion programs in churches need on-going weekly sessions by knowledgeable professional leaders as well as lay leaders. Yanker and colleagues (2001) found that congregants in the churches they studied felt their peers were not qualified to lead intervention groups. Peers themselves may sense these feelings and choose not to lead sessions. Professional support of lay leaders must therefore be maintained on an on-going basis. Christie, Meires and Watkins (2007) point out that overall success rates of weight-loss maintenance longer than for 1 year are between 20% and 50%. Those who join health clubs often drop out after just a few weeks. Knowledge of the need to exercise and diet is not enough. Continued involvement, continued funding, and ongoing leadership are essential to maintain a healthy life-style.

Holt and McClure (2006) conducted 33 interviews with members of predominantly African American churches to explore the connections of health and faith. Five of the 10 themes identified could be applied to faith-based exercise and diet programs: "The body is a temple," "Walking the talk," "Religion brings inner peace," "Worry and stress lead to health problems," and "Giving up problems to God." It is important to note that all of these

require active, focused daily prayer, hymn singing, and worship. Future research needs to examine the effects that prayer and hymn singing together with exercise, may have on cardiovascular health.

Because hope has been shown to be an outcome of both health promotion (Benedict et al., 2007; Hendricks & Hendricks, 2005) and faith (Holt & McClure, 2006), future research also needs to measure the effect of faith-based health promotion on hope. Sending regular messages of hope and inspiration by e-mail to those participating in health promotion activities and those running the program would be effective. The authors believe it is through expressions of faith about our work and those we care for that we bring inner peace and promote hope not only among those others but also within ourselves.

Faith-based health promotion programs generally measure weight loss, adoption of healthy eating habits, lab values of cholesterol, and blood pressure to show the effects on health in those who participate in the programs. Yet measuring only physical health variables ignores the effects of these programs on the mental and spiritual health of the participants. Watts, Duttton and Gilliford (2006) advocate measuring hope, forgiveness and gratitude as indicators of subjective well-being resulting from spiritual practices. We therefore recommend that researchers measure the effect of faith-based health promotion on these key variables.

CONCLUSION

Faith-based programs will continue to be implemented in churches. The authors are encouraged by the successes of the BLESS Project and yet see many continuing challenges. Only a few people stick with any weight loss and exercise program on a continuing basis. Such programs need ongoing funding and incentives for participants. We would also like to see programs such as Weight Watchers incorporate more faith-based activities into their weekly sessions, as well as incentives for continued weight loss. Continued dialogue is needed to ensure that all health promotion programs, including faith-based and faith-placed programs, are as effective as possible. On-going partnering between parish nurses, knowledgeable and caring health professionals, church leaders, and church congregants is essential for success. Church leaders must walk the talk and take the lead in health promotion activities. Additionally, the authors believe that strategies must be implemented to measure the effects of faith-based health promotion activities on each individual participant's faith, gratitude, hope, and forgiveness. The most important lesson we have learned is that one nurse cannot keep a program going year after year, For some, the challenge of keeping a program going may seem overwhelming, and a cause for despair. For the authors, hope truly does spring eternal; we will continue to reach out to those in our community.

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